PATENT APPLICATION FEE DETERMINATION RECO									Application or Docket Number			
٠	,		tive Octo			••			10	10	15/80	20
		CLAIMS A	S FILED (Colum		•	umn 2)	_	SMALL:	ENTUTY	OF		A THAN ENTITY
T	OTAL CLAIMS	3	-				ŀ	RATE	FEE	٦	RATE	FEE
F	OR ·		NUMBER FILED		NUMBER EXTRA			BASIC FE	£ 385.0	OF	BASIC FE	
7	OTAL CHARGE	ABLE CLAIMS	m	minus 20≠]	X\$ 9≥		OF	X\$18=	
IN	INDEPENDENT CLAIMS minus 3 =							X43=		OR	X86=	
M	If the difference in column 1 is less than zero, enter *0* in column 2									OR		
• 1									╁	OR		-
	·	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ENTITY	- OR	OTHER	
DMENTA		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
	Total	. 15	Minus	2		2	Ŀ	X\$ 9=			X\$18-	
AME	Independent	1.2	Minus			c	11	X43=		OR	X86=	
_	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=	-	OR	+290=	
	- /- /	•		. •			ı	TOTAL		100	TOTAL	
,	9/28/0	(Column 1)	BCE	(Colum		(Column 3)		ADDIT, FEE			ADDIT. FEE	
2 2 2		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	. 15	Minus	-20	7	e ~		X\$ 9=		OR	·X\$18≟.	1.60
	Ind pendent	NTATION OF AU	Minus	TIPLE DEPENDENT		-		X43=		OR	X86=	
	· i wi Friede	·	TIPLE UE	SUDFUL	CLAIM		1	+145=		OR	+290=	
							· L	TOTAL DOTT. FEE		1	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)	Í			•		
AMERIDAENI C		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	•	Minus	44		. .] [X\$ 9=		OR	X\$18=	
Į	independent	independent • Minus FIRST PRESENTATION OF MULTIPLE D		***		=		X43=			X86=	
_	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		 -			OR		
-,	l the "Highest Nur	nn 1 is less than th nber Previously Pa	IN FOR IN THE	S SPACE IN	loce than	20 poler *20 *	L	+145= TOTAL	•	OR OR	+290= TOTAL	
1	i we Trighest Nur	mber Previously Paid ber Previously Paid	ld For IN THE	S SPACE ic	loce than	3 poster =3 *	r tour		<u> </u>	k fu cok	ODIT. FEEL IMM 1. VATMENT OF	COMMEDIC